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Bib Data Sheet

CONFIRMATION NO. 2463

SERIAL NUMBER 10/055,562	FILING DATE 01/23/2002 RULE	CLASS 128	GROUP ART UNIT 3761	ATTORNEY DOCKET NO.
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APPLICANTS
Michael David Maguire, Toledo, OH;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/263,426 01/23/2001 *mm*

**** FOREIGN APPLICATIONS *******
none mm *3/3/03*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 02/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>mm</i> Examiner's Signature Initials				

ADDRESS
MICHAEL D. MAGUIRE
513 ADAMS ST #408
TOLEDO ,OH 43604

TITLE
Method and apparatus for manual delivery of volume and pressure-control artificial ventilation

FILING FEE RECEIVED 496	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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